

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate

Russell C. Nowell

Address

4226 North Columbus Ave Louisville 40213-3939

Telephone

602-803-1132

Fax

Contact Name

Email

Office Sought

Dist 43 Representative

Political Party

Republican



Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 6:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$1450 ⁰⁰ + \$1200 ⁰⁰	\$2650 ⁰⁰	\$2650 ⁰⁰
Total amount of disbursements	\$2264 ³⁴ + \$1286 ⁰⁰	\$3550 ³⁴	\$3550 ³⁴
Total amount of cash on hand		\$288.19	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Russell C Nowell
 Reporting period JAN 1, 2010 through Dec 31, 2010

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Russell C. Nowell</u>	<u>5/10/10</u>	\$ <u>500.00</u>	
Mailing Address <u>4226 N Columbus Ave.</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Louisville MS 39339</u>	<u>1/1/</u>	\$	
Name of Employer (Required) <u>Self-Employed / Representative</u>	<u>1/1/</u>	\$	
Occupation (Required) <u>State Representative - Insurance Agent</u>	Aggregate year-to-date	\$ <u>500.00</u>	
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT-T PAC</u>	<u>9/27/10</u>	\$ <u>500.00</u>	
Mailing Address <u>175 E Capital St Room 703</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Jackson MS 39201</u>	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>1/1/</u>	\$	
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>	
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific Financial Management</u>	<u>12/30/10</u>	\$ <u>250.00</u>	
Mailing Address <u>P.O. Box 61270</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Phoenix AZ 85082</u>	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>1/1/</u>	\$	
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>	
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Agents & Employees PAC</u>	<u>12/30/10</u>	\$ <u>200.00</u>	
Mailing Address <u>P.O. Box 39</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Oliver Branch MS 38654</u>	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>1/1/</u>	\$	
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>	

Name of Candidate or Committee

Russell C Nowell

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of

Reporting period

Jan 1 2010

through

Dec 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name Harrison Communications WLSM		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 279		1/11/10	\$ 780 ⁰⁰
City, State, Zip Code Louisville MS 39339		5/4/10	\$ 100 ⁰⁰
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 880 ⁰⁰
B. Full name NAACP Freedom Fund		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		4/23/10	\$ 500 ⁰⁰
City, State, Zip Code		10/22/10	\$ 100 ⁰⁰
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 600 ⁰⁰
C. Full name Louisville Publishing Inc.		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 469		5/13/10	\$ 128.34
City, State, Zip Code Louisville MS 39339		7/19/10	\$ 167 ⁰⁰
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 295.34
D. Full name Harrison Communications WLSM		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 279		10/11/10	\$ 120 ⁰⁰
City, State, Zip Code Louisville MS 39339		1/1/11	\$ 320 ⁰⁰
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 440 ⁰⁰
E. Full name Louisville Publishing Inc.		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 469		10/15/10	\$ 49.00
City, State, Zip Code Louisville MS 39339		1/1/11	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 49 ⁰⁰
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/11	\$
City, State, Zip Code		1/1/11	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$